

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006943

1. Entity Name

B.V. THEATRICAL VENTURES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90132 048 ***150.00

A0063203

Principal Place of Business
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521
US

Mailing Address
500 SOUTH BUENA VISTA STREET
BURBANK, CA 91521-0586
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4526824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IOPPOLO, FRANK S.
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **LITVACK, SANFORD M.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE **P** ☐ Change ☒ Addition
NAME **SCHUMACHER, THOMAS C. III**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE **SD** ☐ Delete
NAME **REED, MARSHA L.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BUETTNER, ANNE L.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMPSON, DAVID K.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE **VD** ☒ Change ☐ Addition
NAME **THOMPSON, DAVID K.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Change ☒ Addition
NAME **HANFORD, JAMES D.**
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**
CITY-ST-ZIP **BURBANK, CA 91521**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/01 **(818) 560-1000**

Day/Time Phone #

CR2E034 (11/00)